

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/678,947-Conf. #001147 Filing Date: October 3, 2003 First Named Inventor: Martin QUIBELL Examiner Name: S. Young Art Unit: 1626 Attorney Docket No.: 1718-0208P	
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 17 - 20 = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims _____ x _____ = _____	Fee (\$) _____	Fee Paid (\$) _____	Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____
Indep. Claims 1 - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	Extra Claims _____ x _____ = _____	Fee (\$) _____	Fee Paid (\$) _____	

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets _____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____	Extra Sheets _____	Number of each additional 50 or fraction thereof _____	Fee (\$) _____	Fee Paid (\$) _____
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> 1,020.00				

SUBMITTED BY			
Signature:	Registration No. (Attorney/Agent): 30,330	Telephone: (858) 792-8855	Date: November 1, 2006
Name (Print/Type): <u>Leonard R. Svensson</u>			